

# Fort Wayne Police Dept. Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8/9/2014

Street: 2206 Brooklyn Ave

Incident #: 14F104543

Apt, Lot, Room #:

County: Allen

City: Fort Wayne, IN 46802

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☐ Vehicle ☐ Business  
☒ Other: detached garage

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☒ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): detached garage  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): detached garage  
☐ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): detached garage

- ☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: detached garage  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☐ No  
☒ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☒ unclean  
Estimated length of time manufacturing had been occurring: unknown  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Fort Wayne

Fax: (260) 427-1277

Health Department County: Allen

Fax: (260) 427-1391

Department of Child Services Hotline: dcs.hotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: R. Kirby FW 1419 Phone (260) 427-1203

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.